FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077 Expires July 31, 2002

Important: Read the instructions on pages 1 - 7. SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use: Policy Number **BUILDING OWNER'S NAME** Perlewitz BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number 42236 Blacow Rd. ZIP CODE 94538 STATE CA CITY Fremont PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) APN: 525-1646-007-00 BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) RESIDENTIAL HORIZONTAL DATUM: SOURCE: _| GPS (Type): | ATITUDE/LONGITUDE (OPTIONAL) USGS Quad Map __ Other: (##° - ##' - ##.##" or ##.####") __| NAD 1927 |__| NAD 1983 SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B3. STATE CA B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER **B2. COUNTY NAME** Alameda Fremont 065028 B9. BASE FLOOD ELEVATION(S) B8. FLOOD **B7. FIRM PANEL B6. FIRM INDEX B4. MAP AND PANEL** B5. SUFFIX EFFECTIVE/REVISED DATE ZONE(S) (Zone AO, use depth of flooding) NUMBER DATE C 2-9-2000 2-9-2000 065028 0029 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. __ | Community Determined __| Other (Describe): X FIRM I FIS Profile B11. Indicate the elevation datum used for the BFE in B9: |X | NGVD 1929 |_ | NAVD 1988 |_ | Other (Describe): B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? |__| Yes Designation Date: SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) |__|Building Under Construction* C1. Building elevations are based on: |_|Construction Drawings* X |Finished Construction *A new Elevation Certificate will be required when construction of the building is complete. _2. Building Diagram Number __8_ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.) C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO Complete Items C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion. Conversion/Comments _ Datum Does the elevation reference mark used appear on the FIRM? Elevation reference mark used See Notes _| Yes | X | No a) Top of bottom floor (including basement or enclosure) 42 . 5 ft.(m) 44 . 6 ft.(m) D b) Top of next higher floor ☐ c) Bottom of lowest horizontal structural member (V zones only) ft.(m) __ ft.(m) ☑ d) Attached garage (top of slab) (a) Lowest elevation of machinery and/or equipment HAMMOND ft.(m) servicing the building EXP. 3-31-02 42 . 7_ ft.(m) f) Lowest adjacent grade (LAG) NO 6163 43 5 ft.(m) (HAG) g) Highest adjacent grade (HAG) A h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 10 i) Total area of all permanent openings (flood vents) in C3h ___ sq. in. (sq. cm) SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. LICENSE NUMBER CERTIFIER'S NAME PLS 6163 Louis Wade Hammond COMPANY NAME TITLE Hammond Land Surveying Land Surveyor CITY STATE ZIP CODE **\DDRESS** 36660 Newark Blvd. Suite D CA 94560 Newark

SEE REVERSE SIDE FOR CONTINUATION

DATE

2-9-2000

SIGNATURE

FEMA Form 81-31 ALIG 49

REPLACES ALL PREVIOUS EDITIONS

510-739-1600

TELEPHONE

IMPORTANT: In these space	es, copy the corresponding information from	Section A.	For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 42236 Blacow Rd.			Policy Number
CITY Fremont	STATE CA	ZIP CODE 94538	Company NAIC Number
SECT	TION D - SURVEYOR, ENGINEER, OR ARCHI	TECT CERTIFICATION (CO	NTINUED)
	tion Certificate for (1) community official, (2) insu		
	: City of Fremont "A 4" - Brass disk @		
	: 44.57 - Standard Wood Floor Jois		10.22 102011010
1 1113111 1001 01 110030	. 44.07 Ctandard Wood Floor Gold	Conduction	THE PARTY OF THE P
			Check here if attachment
	ELEVATION INFORMATION (SURVEY NOT F nout BFE), complete Items E1 through E3. If the		
E1. Building Diagram Number see pages 6 and 7. If no celes. The top of the bottom floor (check one) the highest aceles. For Zone AO only: If no floodplain management or	ood depth number is available, is the top of the Irdinance? Yes No Unknown. T	ide a sketch or photograph.) ng is _ ft.(m) _ i pottom floor elevated in accor he local official must certify th	n.(cm) above or below dance with the community's is information in Section G.
	TION F - PROPERTY OWNER (OR OWNER'S		
The property owner or owner community-issued BFE) or Zo	's authorized representative who completes Sec one AO must sign here.	tions A, B, and E for Zone A	(without a FEMA-issued or
PROPERTY OWNER'S OR OWN	NER'S AUTHORIZED REPRESENTATIVE'S NAME		
^ DRESS	CITY	STATE	ZIP CODE
JIGNATURE	DATE	TELEP	HONE
COMMENTS	The state of the s		
			Check here if attachments
	SECTION G - COMMUNITY INFOR	MATION (OPTIONAL)	
Sections A, B, C (or E), and G G1. The information in Secengineer, or architect elevation data in the G G2. A community official or Zone AO.	ized by law or ordinance to administer the comm of this Elevation Certificate. Complete the application C was taken from other documentation that who is authorized by state or local law to certify Comments area below.) ompleted Section E for a building located in Zontion (Items G4-G9) is provided for community flo	cable item(s) and sign below. t has been signed and embos elevation information. (Indicate e A (without a FEMA-issued)	ssed by a licensed surveyor, ate the source and date of the or community-issued BFE) or
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE O	F COMPLIANCE/OCCUPANCY
	ed for: New Construction Substant t floor (including basement) of the building is: n of flooding at the building site is:	ial Improvement	ft.(m) Datum: ft.(m) Datum:
LOCAL OFFICIAL'S NAME	TI	TLE	
COMMUNITY NAME	Т	ELEPHONE	
SIGNATURE	D.	ATE	1 - 34-2-1-1
COMMENTS			